



MEDICAL BOARD OF CALIFORNIA

Expert Reviewer Program



RENEWAL APPLICATION

The initial term of appointment as an Expert Reviewer for the Medical Board of California was for two years. If you would like to continue as an Expert Reviewer, please complete the Renewal Application and attach a current *curriculum vitae*. If you have any questions, please call the Expert Reviewer Program Analyst at (818) 551-2129.

NAME:		LAST	FIRST	MI
MAILING ADDRESS:			CITY:	STATE:
ALTERNATE MAILING ADDRESS (NOT A P.O. BOX) FOR EXPERT PACKAGES:			CITY:	STATE:
DIRECT TELEPHONE NUMBER AND EXTENSION:		OTHER TELEPHONE NUMBER: (Please identify e.g., work, cell, etc.)		
CA PHYSICIAN/SURGEON LICENSE NUMBER:		<u>E-MAIL ADDRESS:</u>		

1. List all current American Board of Medical Specialties (ABMS) Certificates. Include specialty/ subspecialty and date(s) of practice [e.g., internal medicine (2009-2019/ endocrinology 2010-2020)]. Also include certificates from the American Boards of Facial Plastic & Reconstructive Surgery, Pain Medicine, Sleep Medicine and Spine Surgery or any other non-ABMS certificates held.

2. Describe your active medical practice or employment. [Active practice is defined as at least 80 hours per month in direct patient care or clinical activity or teaching, of which 40 hours must involve direct patient care.] Include any special procedures (e.g., laparoscopic surgery) or modalities (e.g., alternative medicine) that you employ in your practice. Also, identify any special training you have received that is not listed above.

3. Have you retired from active medical practice or employment? ☐ Yes ☐ No [If yes, provide date of retirement and explain.]

4. List each hospital and location where you **currently** have full privileges. Identify your specialty or subspecialty for each hospital listed.

5. List any **current** faculty appointment(s); date and type of appointment(s) [e.g., full time, clinical, adjunct, emeritus, etc.]; your title; and, the name and the location of each institution.

TYPE OR PRINT IN INK

6. Describe any prior peer review experience (hospital, medical society, or equivalent)
7. Have you been disciplined by the Medical Board of California or any other state, or have disciplinary charges been filed against you in any state since you were approved as an Expert Reviewer? <input type="checkbox"/> Yes <input type="checkbox"/> No [If yes, please explain in "Comments" section.]
8. Have you ever been arrested, convicted or pled <i>nolo contendere</i> to any criminal act since you were approved as an Expert Reviewer? <input type="checkbox"/> Yes <input type="checkbox"/> No [If yes, please explain in "Comments" section.]
9. Have you been contacted by the Board to review any cases? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Any additional information you wish to provide :
Additional contact numbers (if any): _____
Most efficient contact time/method : _____
Have you ever testified/supported your medical opinion (as an expert witness) in court/formal setting (for MBC or otherwise)? _____
COMMENTS [Identify corresponding question number, and/or add any comments you may have regarding the Expert Reviewer Program.]
PRIVACY NOTICE: <i>The information provided on this application is maintained by the Executive Office of the Medical Board of California (MBC), 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, under the authority granted by the Business and Professions Code, Division 2, Chapter 5, Article 13, Section 2332. It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete. Your completed application becomes the property of the MBC and will be used by the authorized personnel to determine your eligibility for participation in the Expert Reviewer Program. Information on your application may be transferred to other governmental or law enforcement agencies. You have the right to review the records maintained on you by the MBC unless the records are exempt from disclosure.</i>
I hereby certify that all statements made in this application are true and complete, and I understand that any misstatements of material facts will subject me to disqualification. I have attached a current <i>curriculum vitae</i> to this application.
<div style="display: flex; justify-content: space-between; margin-top: 50px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Signature</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date</div> </div>

Mail completed Renewal Application to:

**Medical Board of California
Expert Reviewer Program
320 Arden Avenue, Suite 250
Glendale, CA 91203**

Please mark current active practice

PRACTICE AREA DEFINERS

Please mark current active practice

ANESTHESIOLOGY

- ☐ Minor nerve blocks
- ☐ Epidural steroids
- ☐ Pain medicine/Pain management
- ☐ ICU care
- ☐ Management of acute post operative pain (including but not limited to PCA, epidural, spinal, and intrathecal narcotics)
- ☐ Transesophageal Echo (TEE) - simple placement
- ☐ Implantation of spinal cord stimulators
- ☐ Obstetrical anesthesia
- ☐ Cardiac Anesthesia ☐ Other _____

CARDIOLOGY

- ☐ Interventional/Invasive
- ☐ Electrophysiology
- ☐ Noninterventional/Non-Invasive
- ☐ Pediatric ☐ Other _____

COMPLEMENTARY/ALTERNATIVE/INTEGRATIVE MEDICINE

- ☐ Alternative medical systems including acupuncture, herbal medicine, oriental massage, qi gong, Ayurveda, Homeopathy, Naturopathy
- ☐ Mind-Body interventions including meditation, dance, music, and art therapy
- ☐ Biological-based therapies including herbal, special dietary, and orthomolecular therapies
- ☐ Manipulative and body-based methods including massage therapy
- ☐ Energy therapy including biofield and electromagnetic field therapy
- ☐ Other: _____

CORRECTIONAL MEDICINE

- ☐ W/ CDCR experience ☐ CDCR currently employed
- ☐ W/ County jail experience ☐ Other _____

DERMATOLOGY

- ☐ Laser surgery
- ☐ Mohs micrographic surgery
- ☐ Liposuction
- ☐ Dermatopathology
- ☐ Special interest in cosmetic procedures
- ☐ IPL
- ☐ Botox, Fillers, _____, _____, _____
- ☐ Mesotherapy
- ☐ Hair Transplant
- ☐ Other _____

EMERGENCY MEDICINE

- ☐ Emergency Medical Services
- ☐ Ultrasonography
- ☐ Urgent Care ☐ Other _____

ENDOCRINOLOGY

- ☐ Needle biopsy of the thyroid
- ☐ Needle bone biopsy

FAMILY MEDICINE

- ☐ Flexible sigmoidoscopy
- ☐ Colonoscopy
- ☐ Arthrocentesis
- ☐ Newborn care
- ☐ Management of obstetrical patients
- ☐ D & C
- ☐ C-sections
- ☐ Treatment of simple fractures and dislocations
- ☐ Simple surgical procedures
- ☐ Sports medicine
- ☐ Geriatric medicine
- ☐ Urgent Care
- ☐ Nursing Home Care
- ☐ Growth Hormones, Use of Steroids, _____, _____
- ☐ Bariatric, Weight Loss, _____
- ☐ QME _____, Workers' Comp Evals _____
- ☐ Pain medicine /Pain management
- ☐ Primary Care ☐ Other _____

GASTROENTEROLOGY-HEPATOLOGY

- ☐ Manometry
- ☐ Endoscopic ultrasound
- ☐ Diagnostic ERCP
- ☐ Therapeutic ERCP (sphincterotomy, stents, biliary dilatation, etc.)
- ☐ Pneumatic dilatation of the esophagus
- ☐ Placement of expandable stents
- ☐ Endoscopy with laser usage
- ☐ Mainly Hepatology ☐ Other _____

HEMATOLOGY AND ONCOLOGY

- ☐ Pheresis procedures

INTERNAL MEDICINE

- ☐ Hospitalist
- ☐ No inpatient
- ☐ Combined outpatient and inpatient
- ☐ Interpretation of Holter Monitor
- ☐ Arthrocentesis
- ☐ Bone marrows
- ☐ Skin biopsy
- ☐ Pain medicine/Pain management
- ☐ Pulmonary function interpretation
- ☐ Cardiac stress testing
- ☐ Flexible sigmoidoscopy
- ☐ Upper endoscopy
- ☐ Colonoscopy
- ☐ Thrombolytic therapy
- ☐ Ventilator care
- ☐ Peritoneal dialysis
- ☐ Elective cardioversion
- ☐ Swan-Ganz
- ☐ Geriatrics
- ☐ Urgent Care
- ☐ Nursing Home Care
- ☐ Growth Hormones, Use of Steroids
- ☐ Bariatric, Weight Loss
- ☐ AIDS/HIV
- ☐ Infectious Diseases
- ☐ GENERAL INTERNAL MED; ☐ QME; ☐ Workers' Comp Evals

NEPHROLOGY

- ☐ Management of renal transplant patients

NEUROLOGY

- ☐ Thrombolytic treatment of non-hemorrhagic strokes
- ☐ Epilepsy

OB-GYN

- ☐ Reproductive endocrinology and infertility
- ☐ No obstetrics ☐ General Ob-Gyn
- ☐ High risk pregnancies
- ☐ Treatment of urinary continence problems
- ☐ Endocrinology ☐ Infertility
- ☐ Gynecological oncology ☐ Endometrial Ablation
- ☐ Therapeutic abortions ☐ Other _____
- ☐ Urogynecology

OPHTHALMOLOGY

- ☐ Outpatient laser surgery
- ☐ Pediatric specialist
- ☐ Vitreoretinal surgery
- ☐ Orbital and reconstructive surgery
- ☐ Corneal surgery
- ☐ Glaucoma
- ☐ Cataracts
- ☐ LASIK; Other _____; _____

ORTHOPAEDICS

- ☐ Arthroscopic endoscopic procedures
- ☐ Hand surgery
- ☐ Spinal surgery; ☐ Back/spine problems
- ☐ Pediatric specialist
- ☐ ☐ Shoulder ☐ Knee ☐ Sports ☐ Joint replacement
- ☐ ☐ Hip replacement _____
- ☐ QME; ☐ Workers' Comp Evals; ☐ Other _____

OTOLARYNGOLOGY

- ☐ Cosmetic surgery ☐ Plastic Surg w/n Head&Neck
- ☐ Cochlear implant ☐ Neurotology
- ☐ Pediatric specialist ☐ General ENT ☐ Other _____

PATHOLOGY

- ☐ Fine needle aspiration biopsy
- ☐ Bone marrow biopsy
- ☐ Forensic pathology
- ☐ Blood banking/transfusion medicine; Other _____

PEDIATRICS

- ☐ Hospitalist ☐ Pediatric Alternative/Complementary/Integrative
- ☐ Only outpatient pediatric cases ☐ Other _____
- ☐ Developmental-behavioral pediatrics
- ☐ Pediatric genetics
- ☐ Pediatric intensive care
- ☐ Pediatric Infectious Diseases
- ☐ Pediatric HIV/AIDS

PLASTIC SURGERY

- ☐ Liposuction ☐ Hand Surgery
- ☐ Lipectomy ☐ _____
- ☐ Cosmetic surgery ☐ _____
- ☐ Hair Transplant ☐ _____
- ☐ Laser Surgery ☐ _____

PSYCHIATRY

- ☐ adult
- ☐ child or adolescent
- ☐ treatment with medication
- ☐ treatment with psycho-therapy
- ☐ Epilepsy
- ☐ Forensic psychiatry
- ☐ Couples and group therapy
- ☐ Psychoanalysis
- ☐ Psychopharmacology
- ☐ Pain medicine/Pain management
- ☐ Addiction Psychiatry
- ☐ Geriatric Psychiatry
- ☐ Psychosomatic
- ☐ QME; ☐ Workers' Comp Evals; ☐ Other _____
- ☐ With Experience Supervising Psychological Assistants

PULMONARY-CRITICAL CARE

- ☐ Sleep studies

RADIOLOGY

- ☐ Interventional and/or invasive radiology
- ☐ MRI
- ☐ Mammography
- ☐ Radiation therapy
- ☐ Pediatric
- ☐ Neuroradiology; Other _____

SURGERY

- ☐ Cardiovascular
 - ☐ General surgery
 - ☐ Laser surgery
 - ☐ Laparoscopic surgery
 - ☐ GI Endoscopy
 - ☐ Bronchoscopy
 - ☐ Pediatric surgery
 - ☐ Pediatric Cardiothoracic Surgery
 - ☐ Peripheral vascular
 - ☐ Trauma surgery
 - ☐ Vascular surgery
 - ☐ Bariatric/Gastric Bypass surgery
 - ☐ Other _____
- Yes No
- ☐ ☐ Do you supervise physician assistants?
 - ☐ ☐ Do you supervise nurse practitioners?
 - ☐ ☐ Do you have special training or use any procedure, practice modalities, etc., not listed? If yes, please describe: _____